

SECT 15

4 OCT 1995

18

EPIDEMIOLOGIC
INVESTIGATION
REPORT

| | | | | | |
|---|--|---|--|---|--|
| 1. CASE NO. 950822CCC1936 19580126 | | 2. INVESTIGATOR'S ID [8][6][5][1] | | 3. OFFICE CODE [8][0][0] | |
| 4. DATE OF INCIDENT YR MO DAY [9][5][0][6][2][3] | | 5. DATE INVESTIGATION YR MO DAY INITIATED [9][5][0][8][2][8] | | | |
| 6. SYNOPSIS OF INCIDENT OR COMPLAINT A two story home was destroyed by fire because of a malfunction of a toaster oven. There were no deaths nor injuries. | | | | | |
| 7. LOCATION (Home, school, etc.) Home [1][0] | | 8. CITY Orchard Park | | 9. STATE New York | |
| 10A. FIRST PRODUCT [0][2][1][6] | | 11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Black & Decker, 701 E. Joppa Rd., Towson, Md. 21204 under 2 yrs old. | | | |
| 10B. SECOND PRODUCT □□□□ | | 11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS | | | |
| 12. AGE OF VICTIM [9][9][9] | | 13. SEX (USE NUMERICAL CODE) MALE - 1 FEMALE - 2 [9] UNKNOWN - 3 | | 14. DISPOSITION [0] | |
| 15. INJURY DIAGNOSIS [7][0] | | 16. BODY PART [9][9] | | 17. RESPONDENT(S) (Mother, Friend) [1] Consumer | |
| 18. TYPE INVESTIGATION ON SITE - 1 TELEPHONE - 2 [2] OTHER - 3 | | 19. TIME SPENT [1][2].[0] | | 20. ATTACHMENTS [9] | |
| 21. CASE SOURCE [0][5] | | 22. REVIEWED BY YR MO DAY [9][6][9] [9][10][4][7] | | | |
| 23. PERMISSION TO DISCLOSE NAMES NA (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME [X] CPSC MAY NOT DISCLOSE MY NAME [] | | | | | |
| 24. NARRATIVE (See Instructions on Page 2) | | | | 25. REGIONAL OFFICE DIRECTOR REVIEW DATE [Signature] 9-27-95 | |

MFR/PRVLBR NOTIFIED

☒ No Comments made
☒ Comments attached
☒ Excisions/Revisions
☒ Firm has not requested further notice

(USE ADDITIONAL SHEETS IF NECESSARY)

NOTE: The consumer has promised to return the Authorization for Release of Name by return mail and it will be forwarded upon receipt. Both the fire Department and the insurance company representatives have promised to send their respective reports and they will be forwarded upon receipt.

PRE-ACCIDENT:

On Friday, June 23, 1995, around 9:00 AM, the consumer left her residence. She had just used the toaster oven to toast a pop tart before going to a class. The toaster oven is supposed to automatically shut off when the toaster setting is on. The consumer had received the product as a gift less than two (2) years earlier. They had used approximately two (2) times per week since receiving it.

The woman had used the toaster oven for its original intent, had previously read and understood the owner/s manual, was familiar with the proper operation of the product, and took the appropriate safety precautions. She was not tired nor fatigued, nor physically ill nor handicapped in any way which might have contributed to the accident.

The home where the fire occurred was a two story wood frame house with a basement.

ACCIDENT:

When the consumer returned at approximately 11:00 AM, flames were coming from the toaster. She called 911, grabbed the fire extinguisher, and dosed the flames, but could not extinguish the fire.

The police and fire departments arrived at the scene at approximately 11:05 AM and very heavy fire was coming from the rear patio door and rear kitchen window. The fire had been burning in the interior first floor, three quarters of the second floor, and one quarter of the attic.

POST-ACCIDENT:

The fire operations continued for approximately forty (40) minutes before the fire was under control.

The investigation by the fire department officials centered around the kitchen area. The point of origin of the fire was found to be an electrical toaster oven upon the counter top in the southeast corner of the kitchen. A distinctive soot pattern from a small flame emanating from under the appliance was found on the back where the cord enters the appliance. The appliance thermal insulator was melted.

The fire department investigator determined that the cause of the fire was a malfunction in the toaster oven at the point where the wires enter it. The fire progressed up the back of the toaster and ignited combustible materials on the counter top. From there it spread through the cupboards and then through the kitchen window and up the side of the structure.

Doc

PRODUCT IDENTIFICATION:

The Black and Decker toaster oven was determined to be the cause of the fire. It was under two (2) years old. The consumer had no further information on it.

The toaster oven was released by the fire department to an independent investigator so that it could be examined by an electrical engineer. The investigator was retained by the homeowner's insurance company. The engineer has promised to release the report to us.

ATTACHMENTS:

1. Copy of Police Report 506544 dated June 23, 1995.
2. Copy of letter sent to the Orchard Park Police on September 7, 1995.

gm

C. FALK - 08/25/95

ACCIDENT INVESTIGATION REQUEST FORM

Sup II

Document Number N58-012641

Date of Incident 6/30/95 Category I.D. _____

Follow-Up Requested _____ Hazard Analysis _____

Type Follow-Up Requested _____ Telephone Call Section 15

Headquarters Contact Jeanne Siebert On-Site _____

Assignment Message Please obtain details of
incident, i.e. what brand of toaster oven?
how was it typically used?
how was it used before the incident?
how old was it?
were there any combustibles nearby?
was there anything in the toaster?
Please collect sample if possible

Person(s) to Contact Consumer, FD, INS. Co.

Guideline _____

Requested By Jeanne Siebert

Task Number 950822 CCC 1936

Assigned to ~~CCC~~ Date 8/22/95

950822 CCC 1936

SOUTHTOWNS CITIZEN

ORCHARD PARK, NY
WEEKLY 65,000

JUN 30 1995

BURRELLE'S

1700

SC

Jeanne
AUG 11 1995

15
N58-0126A



FIREFIGHTERS TRY TO CONTROL A FOUR-ALARM BLAZE ON OLD FARM ROAD

Overheated toaster in Orchard Park results in \$385,000 damage to home

6297CV
An overheated toaster oven leg by a backdraft of steam that had not been turned off when he attempted to enter the house as believed responsible for a burning two-story brick and frame house at 78 Old Farm Road. He did not require hospitalization. The fire was discovered about 11 o'clock when Mrs. Thomas P. McNulty returned home with her four children. Spotting smoke in the kitchen,

One veteran firefighter, commissioner Greg D. Gallo, was slightly injured when he was burned on the face and

she got the youngsters out of the house and called 9-1-1.

FLAMES WERE shooting out of the dwelling when Orchard Park Chief Joseph E. Jensen, Sr. arrived. Because of the threat of lower water pressure because of the lack of rain for more than two weeks and the availability of manpower, he immediately radioed for mutual assistance.

The call brought in apparatus and personnel from Windom and Hillcrest, as well as East Aurora and Scranton fire companies, while Armor stood by at the central station and West Falls sent a truck to Hillcrest.

Opening the home apparently caused a draft that fanned the flames which raced through the entire interior of the structure. Only the shell of the attractive large residence remained when firemen had the blaze extinguished.

Because of the humidity, Jensen requested neighbors who watched from across the street for assistance in getting the bottles of water and ice. They responded immediately.

Police Officer William Hanrahan, one of the town's fire investigators, was summoned to the scene to determine the cause. Jensen said the damage estimate covered the house and the contents.

The McNultys, who say they plan to rebuild, have been staying with neighbors.

950822CCC1936

POLICE REPORT

1. OFFENSE / OCCURRENCE (LCD, OFNS CODE)
HOUSE FIRE

ATTEMPT (ATT) 2 MRD/LOC 3 COMPLAINT NUMBER (CNO)

E. I. EXHIBIT 5 506544

4. DATE & TIME OCCURRED (DTR, TMO)

06/23/95 09:00

5. DAY OF WEEK

FRI

6. DATE & TIME REPORTED (DTR, TMR)

06/23/95 11:05

7. TRACT

950822001936

8. BLOCK (GTB)

0

9. PLACE OF OCCURRENCE (ADO, MUN)

78 OLD FARM

RD. 006078

10. TYPE OF PREMISES (PRM, SUB)

475

DATE 9/14/95

11. LAST NAME (NAM)

MCNULTY

12. FIRST NAME

THOMAS

13. INIT. 14. JR/SR

P

15. RACE (RAC)

W

16. SEX

M

17. DOB

04/04/55

AGE

40

18. APT. NO

19. STREET NO. 20. STREET NAME (ADR)

78 OLD FARM

RD

21. CITY, TOWN OR VILLAGE (CT)

ORCHARD PARK NY. 14127

22. STATE

14127

24. RESIDENCE PHONE (HPH)

662-6169

25. BUSINESS PHONE (BPH)

26. OCCUPATION (OCC)

27. SOCIAL SECURITY (SOC)

28. NATURE & EXTENT OF INJURIES (INJ)

28A. RELATIONSHIP (REL)

UNKNOWN

29. LAST NAME (NAM)

MCNULTY

30. FIRST NAME

NANCY

31. INIT. 32. JR/SR

P

33. RACE (RAC)

W

34. SEX

F

35. DOB

12/25/54

AGE

40

36. APT. NO

37. STREET NO. 38. STREET NAME (ADR)

78 OLD FARM

39. CITY, TOWN (CT)

RD ORCHARD PARK NY 14127

40. STATE

14127

42. TELEPHONE RES. (HPH, BPH)

662-6169

BUSINESS

43. SOCIAL SECURITY (SOC)

44. LAST NAME (NAM)

45. FIRST NAME

46. INIT. 47. JR/SR

48. RACE (RAC)

49. SEX

50. EST. AGE / D. O. B.

51. SCARS/M (SMT)

52. HGT

53. WGT

54. HAIR (HAJ)

55. EYE

56. BUILD (BLD)

57. COMPLEX (SKN)

58. CLOTHING

59. GLASSES (GLS)

60. JEWELRY (JMT-A)

61. OTHER CHARACTERISTICS (OTHER-CHAR)

62. APT. NO

63. STREET NO. 64. STREET NAME (ADR)

65. CITY, TOWN (CT)

66. STATE

67. ZIP

68. TELEPHONE RES. (HPH, BPH)

BUSINESS

69. SOCIAL SECURITY (SOC)

HOW ATTACK (HAT)

71. MEANS OF ATTACK (MAT)

72. YEAR & MAKE (YR, VMA)

73. MODEL (VMO)

74. BODY STYLE (VST)

75. COLOR (VCO)

76. LICENSE NO (LIC)

77. STATE (LIS)

78. USED BY OR VIN.

NARRATIVE: List and describe property taken in full detail; Reconstruct crime; indicate exactly where evidence was taken from; list persons with access to property; indicate sobriety of victim; list witnesses and suspects; describe police action taken, etc.

UPON ARRIVAL OF "911" FIRE CALL, SMOKE WAS COMING FROM THE REAR OF RESIDENCE. ORCHARD PARK FIRE COMPANY RESPONDED, ALONG WITH HILLCREST, WINDOM, SCRANTON, AND EAST AURORA FIRE COMPANUER. ORCHARD PARK FIREMAN GREG D GALLOWAY (02/23/49) OF 21 MELANT DRIVE, PHONE 662-2496, WAS TRANSPORTED TO MACC AND LATER RELEASED WITH 2ND DEGREE BURNS TO THE RIGHT SIDE OF FACE AND LEFT KNEE. ARON INVESTIGATOR, WILLIAM HANRAHAN LATER RESPONDED. FIRE CHIEF JOSEPH JENSE ESTIMATED AT THIS TIME OF \$385,000.00 DAMAGE TO HOUSE AND CONTENTS.

MRS MCNULTY TOLD THIS OFFICER THAT SHE USED THE TOASTER OVEN AROUND 0900 HOURS, AND THINKS SHE TURNED IT OFF, THEN LEFT THE RESIDENCE. WHEN SHE RETURNED, FLAMES WERE COMING FROM THE TOASTER, SHE GRABBED THE FIRE EXTINGUISHER, AND DOSED THE FLAMES, BUT THE FIRE WAS BEHIND

STATUS 80. 3 CLOSED ☐ 1. 8 CLEARED BY ARREST ☐ 81. FOLLOW-UP (FUP) YES ☐ NO ☐ 82. (REF-TO) 1 BY DET ☐ 3 JUV ☐ 83. DATE & TIME OF REPORT 06/23/95 1105
2 EXCEPTIONALLY CLEARED ☐ 2 NOT CLEARED ☐ 2 UNFOUNDED ☐ 2 PATROL ☐ 4 RECORDS ☐

CLOSED

NO

REPORTING OFFICER (ARO)

SCHUELER, B

85. ID NO. (ID#)

16

86. SUPPLEMENT REPORT (SUP-REQ)

YES ☐ NO ☐

87. SUPERVISOR (SPV)

HENNING, R

88. TELETYPE NUMBER, DATE & TIME (TEL)

PARTMENT CENTRAL POLICE SERVICES.

VICTIM
SUBJECT

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------|-----------------------|--|-----------------------|---|--------------------------------|----------------------|--|----------------|-----------------|----------|----------|--------------------------------|----------------------------|--------------------|---------------------------|----------------------------|--|--------------------|--|
| V I C T I M | 89. LAST NAME (NAM) | | 90. FIRST NAME | | | 91. INIT. 92. JR/SR | | 93. RACE (RAC) | | 94. SEX | | 95. DOB | | AGE | | 96. APT. NO | | | |
| | 97. STREET NO. | | 98. STREET NAME (ADR) | | 99. CITY, TOWN OR VILLAGE (CT) | | | | 100. STATE | | 101. ZIP | | 102. RESIDENCE PHONE (HPH) | | 103. BUSINESS PHONE (BPH) | | | | |
| | 104. OCCUPATION (OCC) | | | 105. SOCIAL SECURITY (SOC) | | | 106. NATURE & EXTENT OF INJURIES (INJ) | | | | | | 106A. RELATIONSHIP (REL) | | | | | | |
| S U B J E C T | 107. LAST NAME (NAM) | | | 108. FIRST NAME | | | 109. INIT. 110. JR/SR | | 111. RACE (RAC) | | 112. SEX | | 113. DOB | | AGE | | | | |
| | 114. SCARS/M (SMT) | | | 115. HGT | | 116. WGT | | 117. HAIR (HA) | | 118. EYE | | 119. BUILD (BLD) | | 120. COMPLEX (SKN) | | 121. CLOTHING | | 122. GLASSES (GLS) | |
| | 123. JEWELRY (JWT-A) | | | 124. OTHER CHARACTERISTICS (OTHER-CHAR) | | | | | | | | | | | | | | 125. APT. NO. | |
| | 126. STREET NO. | | | 127. STREET NAME (ADR) | | 128. CITY, TOWN (CT) | | 129. STATE | | 130. ZIP | | 131. TELEPHONE RES. (HPH, BPH) | | BUSINESS | | 132. SOCIAL SECURITY (SOC) | | | |

[illegible]

THE WALL.

950 822 CCC 1936

SUPPLEMENTARY POLICE REPORT

01

1. MRD/LOCATION
D452. COMPLAINT NO.
506544

VICTIM OR COMPLAINANT

MCNULTY

THOMAS

P

4. OFFENSE/OCCURRENCE

CPS 999999-

HOUSE FIRE

DATE & TIME OF REPORT

06/27/95

0001

6. INVESTIGATING OFFICERS ASSIGNED

HANRAHAN, W

7. TELETYPE NUMBER, DATE & TIME

NARRATIVE

STATUS/3, CLOSED

MR FRANCIS J CONWAY, INSURANCE INVESTIGATOR, SIGNED A RECEIPT FOR A
BLACK AND DECKER TOASTER OVER. LETTER AND RECEIPT ATTACHED TO REPORT.

REPORTING OFFICER

MCCUNE, S

10. I. D. NUMBER

000007

11. SUPERVISOR

HENNING, R

12. PAGE NO.

01

PARTMENT CENTRAL POLICE SERVICES

ORIGINAL

980 822 CCC 1936

SUPPLEMENTARY POLICE REPORT

02

1. MRD/LOCATION
D45

2. COMPLAINT NO.
506544

3. VICTIM OR COMPLAINANT
MCNULTY

THOMAS P

4. OFFENSE/OCCURRENCE
CPS 999999-

HOUSE FIRE

5. DATE & TIME OF REPORT
08/15/95

0900

6. INVESTIGATING OFFICERS ASSIGNED
SCHUELER

7. TELETYPE NUMBER, DATE & TIME

8. NARRATIVE

STATUS/3, CLOSED

06-23-95 AT 1105 HOURS.....THIS OFFICER RESPONDED TO THE SCENE WHERE I MET WITH LT. MCCUNE, OFFICER SCHUELER, AND ORCHARD PARK FIRE COMPANY CHIEF JOSEPH JENSEN. EACH WITNESS ARRIVED WITHIN SEVERAL MOMENTS OF ONE ANOTHER. EACH WITNESS OBSERVED THE SAME BASIC FACTS. WHEN THEY ARRIVED, VERY HEAVY FIRE WAS COMING FROM THE REAR PATIO DOOR AND REAR KITCHEN WINDOW. CHIEF JENSEN ORDERED 2 1 3/4" ATTACK LINES TO THE FRONT DOOR AND 1 2 1/2" ATTACK LINE TO THE REAR PATIO DOOR. AT THIS TIME, THE FIRE HAD BEEN BURNING IN THE INTERIOR FIRST FLOOR 3/4 OF THE SECOND FLOOR AND 1/4 OF THE ATTIC. VENTILATION FOR FIRE OPERATIONS WAS PROVIDED BY A 4 X 4' VERTICAL VENT AT THE APEX OF THE ROOF STRUCTURE. FIRE OPERATIONS CONTINUED FOR APPROXIMATELY 40 MINUTES BEFORE THE FIRE(S) WERE UNDER CONTROL. OVER HAUL OPERATIONS CONTINUED FOR ANOTHER 2 HOURS TIL APPROXIMATELY 1400 HOURS WHEN THIS OFFICER ARRIVED. AFTER MY FIRST WALK THROUGH AND WALK AROUND I BRIEFLY INTERVIEWED THE VICTIM WHO RELAYED THE SAME INFORMATION AS SHE DID TO OFFICER SCHUELER. THE INVESTIGATION CENTERED AROUND THE KITCHEN AREA DUE TO THE EVIDENCE OF DAMAGE (SEE FIRE REPORT). IN THE SOUTHEAST CORNER UPON THE COUNTER TOP WAS A LONE ELECTRICAL TOASTER OVEN. THIS AREA WAS FOUND TO BE THE POINT OF ORIGIN OF THE FIRE. THE TOASTER WAS EXAMINED FOR DAMAGE AND ON THE BACK WHERE THE CORD ENTERS THE APPLIANCE WAS A DISTINCTIVE SOOT PATTERN FROM WHAT WAS A SMALL FLAME FROM UNDER THE APPLIANCE. ALSO THE APPLIANCE THERMAL INSULATOR WAS MELTED. THIS TOASTER OVER IS BELIEVED TO BE THE CAUSE OF THE FIRE. A MALFUNCTION OCCURRED IN THE TOASTER OVER WHICH CAUSED A SMALL FIRE IN

REPORTING OFFICER
HANRAHAN

10. I. D. NUMBER
000040

11. SUPERVISOR
HOBAR

12. PAGE NO.
01

DEPARTMENT CENTRAL POLICE SERVICES

ORIGINAL

950 822 CCE 1936

| 3 | QUANTITY | DESCRIPTION OF PROPERTY | SERIAL NUMBER | ESTIMATED VALUE | CODE |
|---|----------|-------------------------|---------------|-----------------|------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

NARRATIVE - CONTINUED.

THE APPLIANCE AT THE POINT WHERE THE WIRES ENTER. THE FIRE PROGRESSED
 UP THE BACK OF THE TOASTER AND IGNITED COMBUSTIBLE MATERIALS ON THE
 COUNTER TOP. AS THE FIRE GREW, IT SPREAD HORIZONTIALLY ALONG THE
 CUPBOARDS AND VERTICALLY. AT SOME POINT IT AUTO VENTED THROUGH THE
 KITCHEN WINDOW AND UP THE SIDE OF THE STRUCTURE.



Orchard Park Police Department

S4295 SOUTH BUFFALO STREET □ ORCHARD PARK, NEW YORK 14127

CODE: (716) 662-6444

CHIEF OF POLICE
ROBERT C. HENNING

950 822 CCC 1936

AGENCIES

ALARM DATA

FD Orchard Park I.F.C. Chief Joe Jensen, Chief
(name) (phone) (name) (phone)
OIC Joe Jensen Addl Pers R. G. Lane, Asst. Chief
(name) (phone) (name) (phone)
CFC Office _____ Co. FI _____
(phone) (name) (phone)
PD Orchard Park Inv. Hawrahau
(phone) (name) (phone)
Additional Personnel B.F.D. BC Joe M. Ehltretter
(name) (phone) (name) (phone)
Other Agencies Hillcrest IFC, Windover IFC, E. Aurora IFC, Scranton IFC
(name) (phone)

Alarm Date 06-23-95 Alarm Time 1105 (am/pm) Day Friday
Alarm Address 78 Old Farm Rd. O.P., NY 14127
Occupant(s) MCNUITY, THOMAS/NANCY
(name) (dob) (phone)
Emp. Address _____
(name) (dob) (phone)
Mer _____
(name) (dob) (phone)
Address Same
(name) (dob) (phone)
Alarm Received by Orchard Park Police Dept. Recorded: Yes ☒ No ☐
Reported by MCNUITY, NANCY
(name) (dob) (address) (phone)
Discovered by MCNUITY, NANCY
(name) (dob) (address) (phone)
Time of FD Arrival 1113 hrs (am/pm) Time FD Left 1500 (am/pm)
Photos/Video Taken: Yes ☒ No ☐ By HAWRAHAU
At FFs on Scene GALLOWAY, GREG
(name) (phone)
MEHLTREITER, JOE
(name) (phone)
Observations heavy smoke and flame throughout structure
Condition of Doors/Windows fire damage
Efforts to Extinguishment beat/flame
Temperature 85 °F Wind Speed light MPH From s/w (Direction)
Conditions: Clear ☒ Cloudy ☐ Fog ☐ Lightning ☐ Snow ☐ Rain ☐ Ice ☐ Thunder ☐

Type of Occupancy Single family Style _____ Est. Age 20 ish
Building Length 50 Width 30 Height 2 (stories)
Number of Rooms 10 List _____

Construction Type: Fire Resistive ☐ Non-Combustible ☐ Heavy Timber ☐ 910822 CCC 1936
Ordinary ☐ Wood Frame (Platform) ☒ Wood Frame (Balloon) ☒

Foundation: Basement ☒ Crawlspace ☐ Slab ☐ Pier ☐ None ☐

Block ☐ Poured ☒ Brick ☐ Stone ☐ Wood ☐

Ext. Wall Covering: Wood ☒ Brick ☐ Compo ☐ Stone ☐ Concrete ☐

Asbestos Shingle ☐ Alum/Vinyl ☐ Stucco ☐ _____

Roof Covering: Asphalt Shingles ☒ Slate ☐ Tin ☐ Tar ☐

Wall Const 2x4 stud Floor Const 2x6 joist

Ceiling Const 2x6 joist Roof Const Rafter

Sprinklers: Yes ☐ No ☒ Operated ☐ Standpipes: Yes ☐ No ☒ Operated ☐

Smoke Det.: Yes ☒ No ☐ Operated ☐ Burglar: Yes ☐ No ☒ Operated ☐

Pre-Fire Building Condition: Good ☒ Average ☐ Poor ☐ Est. \$ Loss \$35,000

Last Person in Building McNULTY, NANCY Date/Time 06/23/95 0900

Water: On ☒ Off ☐ None ☐ Gas: On ☒ Off ☐ None ☐ Phone: On ☒ Off ☐ None ☐

Sewer: On ☒ Off ☐ None ☐ LPG: On ☐ Off ☐ None ☐ Phone # () _____

Elec: On ☒ Off ☐ None ☐ Fuel: On ☐ Off ☐ None ☐ _____: On ☐ Off ☐

Electric Services: Fuses ☐ Circuit Breakers ☒ AMP Rating 150

Overhead ☒ 110V ☐ 220V ☒ 440V ☐

Underground ☐ # Main Disconnects 1 # of Circuits 25 # Tripped 13

Rated at: 5amp _____ 10amp _____ 15amp 5 20amp 18 25amp _____ 30amp 2 50amp _____ Other 40amp

Panel Box damaged: Yes ☐ No ☒ Recent Work: Yes ☐ No ☒ By _____

Hot Water System: On ☒ Off ☐ None ☐

Type N/A Location _____ Fuel _____

Size _____ Gallons _____ Age _____

Manuf _____ Model # _____ Serial # _____

Heat System: On ☒ Off ☐ None ☐ Chimney: None ☐ Int. ☐ Ext. ☒

Type N/A Location _____ Fuel _____ Size (BTU) _____

Manuf _____ Age _____ Model # _____ Serial # _____

Thermostat Setting _____ °F Degree of Damage _____

Central Air Conditioning: On ☐ Off ☐ None ☐

Comments _____

950 822 LCC 1936

Least Damaged Area(s): N/W corner of second floor

Most Damaged Area(s): Kitchen and Living Room

Indicators of Area of Origin(s):

- | | | |
|--|--|---|
| 1. V Patterns <input checked="" type="checkbox"/> | 4. Depth of Char <input checked="" type="checkbox"/> | 7. Evidence of High Temperature <input checked="" type="checkbox"/> |
| 2. Structural Damage <input checked="" type="checkbox"/> | 5. Melted Objects <input checked="" type="checkbox"/> | 8. Statement(s) of Witness(es) <input checked="" type="checkbox"/> |
| 3. Contents Damage <input checked="" type="checkbox"/> | 6. Overhead Damage <input checked="" type="checkbox"/> | 9. Lowest Fire Damage <input checked="" type="checkbox"/> |

Location(s) Kitchen # 1, 2, 3, 4, 5, 6, 7, 8, 9 Den room N. of Kitchen
1, 2, 3, 5, 7. all other Rooms 3, 7.

Description/Comment _____

Factors Affecting Fire Spread Length of Burn time

Contents and Location _____

AREA OF ORIGIN

| | | | | |
|----|---|--|---------------------------|----------------------|
| 1. | <u>Toaster oven</u> (type) | <u>S/E corner of kitchen</u> (location) | <u>1 year</u> (damage) | <u>110</u> (age) |
| | <u>Black and Decker</u> (manufacturer) | <u></u> (model #) | <u></u> (serial #) | <u></u> (voltage) |
| 2. | <u></u> (type) | <u></u> (location) | <u></u> (damage) | <u></u> (age) |
| | <u></u> (manufacturer) | <u></u> (model #) | <u></u> (serial #) | <u></u> (voltage) |
| 3. | <u></u> (type) | <u></u> (location) | <u></u> (damage) | <u></u> (age) |
| | <u></u> (manufacturer) | <u></u> (model #) | <u></u> (serial #) | <u></u> (voltage) |
| 4. | <u></u> (type) | <u></u> (location) | <u></u> (damage) | <u></u> (age) |
| | <u></u> (manufacturer) | <u></u> (model #) | <u></u> (serial #) | <u></u> (voltage) |

EQUIP/APPLIANCES

- 1) Fuel Oil ☐ 2. Flammable Liquids ☐ 3. LPG ☐ 4. LNG ☐ 5. ☐

Quantity: _____ Location: _____

Comments: N/A

HAN MATS

950 822 CCC 1936

SOURCES OF IGNITION

| | | | |
|---------------------------|---|---|--|
| Heating System(s): | Not Present <input type="checkbox"/> | Examined and Eliminated <input checked="" type="checkbox"/> | Not Eliminated <input type="checkbox"/> |
| Portable Heating Unit(s): | Not Present <input type="checkbox"/> | Examined and Eliminated <input checked="" type="checkbox"/> | Not Eliminated <input type="checkbox"/> |
| Cooking Equipment: | Not Present <input type="checkbox"/> | Examined and Eliminated <input type="checkbox"/> | Not Eliminated <input checked="" type="checkbox"/> |
| Smoking Materials: | Not Present <input checked="" type="checkbox"/> | Examined and Eliminated <input type="checkbox"/> | Not Eliminated <input type="checkbox"/> |
| Open Flame(s): | Not Present <input checked="" type="checkbox"/> | Examined and Eliminated <input type="checkbox"/> | Not Eliminated <input type="checkbox"/> |
| Hot Object(s): | Not Present <input type="checkbox"/> | Examined and Eliminated <input checked="" type="checkbox"/> | Not Eliminated <input type="checkbox"/> |
| Electrical Distributions: | Not Present <input type="checkbox"/> | Examined and Eliminated <input checked="" type="checkbox"/> | Not Eliminated <input type="checkbox"/> |
| Electric Appliances: | Not Present <input type="checkbox"/> | Examined and Eliminated <input type="checkbox"/> | Not Eliminated <input checked="" type="checkbox"/> |
| Electrical Wirings: | Not Present <input type="checkbox"/> | Examined and Eliminated <input checked="" type="checkbox"/> | Not Eliminated <input type="checkbox"/> |
| Spontaneous Ignition: | Not Present <input checked="" type="checkbox"/> | Examined and Eliminated <input type="checkbox"/> | Not Eliminated <input type="checkbox"/> |
| Chemical Agents: | Not Present <input checked="" type="checkbox"/> | Examined and Eliminated <input type="checkbox"/> | Not Eliminated <input type="checkbox"/> |
| Lightnings: | Not Present <input checked="" type="checkbox"/> | Examined and Eliminated <input type="checkbox"/> | Not Eliminated <input type="checkbox"/> |
| Sun's Rays: | Not Present <input type="checkbox"/> | Examined and Eliminated <input checked="" type="checkbox"/> | Not Eliminated <input type="checkbox"/> |
| _____: | | Examined and Eliminated <input type="checkbox"/> | Not Eliminated <input type="checkbox"/> |
| _____: | | Examined and Eliminated <input type="checkbox"/> | Not Eliminated <input type="checkbox"/> |

☐ ALL ACCIDENTAL CAUSES ELIMINATED

Videos: Yes ☐ No ☒ By _____

Slides/Photos: Yes ☒ No ☐ By Hawrahman

Physical Evidence Secured: Yes ☒ No ☐ By Hawrahman

Number of Items Secured: 1

Location Evidence Found and Descriptions:

Item #1 Toaster oven from S/E
Corner of Kitchen Cupboard

Item #5 _____

Item #2 _____

Item #6 _____

Item #3 _____

Item #7 _____

Item #4 _____

Item #8 _____

Evidence Turned Over to: Evidence Date 6-23-95

EVIDENCE

Building Insured? Yes ☒ No ☐ Type: HO ☐ Tenant ☐ Commercial ☐

Building Insured? Yes ☒ No ☐ Type: HO ☐ Tenant ☐ Commercial ☐

(Insured) .

(address)

(phone)

(policy #)

(Incep. date)

(exp. date)

(Insurance company/agent)

(address)

(phone)

(Insurance co. adjuster)

(address)

(phone)

(amount building/contents)

Previous Losses: Yes ☐ No ☐

(date)

INSURANCE

SECRET

See Feline Rpt.

(name)

(dob)

(address)

(connection)

(NAME)

(dob)

(address)

(connection)

(NAME)

(dob)

(address)

(connection)

(NAME)

(b) (5) DPP

(address)

(connection)

SLIDE #

DESCRIPTION

PHOTO LOG

910 822 ccc 1930

Francis J. Conway

INVESTIGATIONS, INC.
FIRE AND EXPLOSION CONSULTANTS

P.O. BOX 212, CLARENCE, NY 14031, (716) 634-2505

June 26, 1995

Lt. Samuel McCune
Orchard Park Police Department
4295 South Buffalo Street
Orchard Park, NY 14127

Dear Lt. McCune:

The undersigned represents General Accident Insurance Company who is the carrier for Thomas and Nancy McNulty, 78 Old Farm Road, Orchard Park, New York, who suffered a fire loss on June 23, 1995. A Black & Decker toaster oven suspected of being a possible cause for this fire was seized by Officer William Hanrahan in the course of his investigation.

I request permission to secure the toaster oven so that it might be examined by an electrical engineer to determine whether or not it had failed in some manner.

Yours truly,


Francis J. Conway

FJC:ds



U.S. CONSUMER PRODUCT SAFETY COMMISSION
EASTERN REGIONAL CENTER

E. L. EXHIBIT 2

MFR. 950822 C00 A36

DATE 9/14/95

INSPECTOR Chalk

September 7, 1995

Officer William Hanrahan
Orchard Park Police
54295 South Buffalo Street
Orchard Park, New York 14127

Dear Officer Hanrahan:

I am respectfully requesting a copy of any reports of a fire which occurred on June 30, 1995 at 78 Old Farm Road, Orchard Park, New York at the residence of the Thomas P. McNulty family. I talked with Orchard Park Chief Joseph E. Jensen, Senior on August 28, 1995 and he referred me to you. I am particularly interested in knowing whether or not it has been determined that the fire was caused by a toaster oven, and if so, the model number, its age, how it was typically used, and if there was anything in the toaster when the fire occurred. I would also like to know the details of the incident and whether or not there were any combustibles nearby. Finally, is the toaster available for testing.

As you probably know, the U. S. Consumer Product Safety Commission is the federal agency with jurisdiction over the safety of products in the home, school and recreational areas. Your assistance will be greatly appreciated and may help us determine how we may prevent future fires and the subsequent loss of lives.

I am requesting that you FAX me a copy of your report(s) upon receipt of this letter at (212) 466-1617. I would also appreciate a call from you so that we may discuss it further. I can be reached at (212) 466-1619 Monday through Friday between 8:30 AM and 5:00 PM. Thank you for your cooperation.

Very truly yours,

Carolyn K. Falk
Investigator

0216

Task No.: 950822000193

STATUS OF MISSING DOCUMENT

The purpose of this record is to notify the reader that the following document(s), which is/are missing from this report, will not be collected.

1. Insurance (Electrical Engineer Report)
2. _____
3. _____

The investigator indicates in the report that he/she requested a copy of the above listed document(s), but the document(s) was/were not yet available when the investigation report was completed. The investigator intended to forward the document(s) for attachment to this report when the requested material was obtained.

The investigator has made numerous attempts, since the original request, to collect a copy of the requested document(s) but has not been successful. Because of the problems associated with the collection of this material and our limited investigation resources, no additional efforts will be made to collect the missing document(s).

We apologize for any inconvenience that the missing data may cause you.

Date: 4/9/96

Investigator No.: 8651

Regional Office: FOER

Supervisor No.: 8969